

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,758

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	1					
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		2				
16		2				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		3				
27		3				
28	1					
29						
30	1					
31	1					
32		1				
33		1				
34	1					
35	1					
36		2				
37		3				
38		1				
39						
40						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						